

## HISTORY FACILITY PROFILE

MILLCREEK HEALTH CENTER  
3520 SOUTH HIGHLAND DRIVE  
SALT LAKE CITY UT 84106  
STATE'S REGION CODE: 001

PROVIDER #: 46A051  
PHONE NUMBER: (801) 484-7638  
PARTICIPATION DATE: 05/01/1991 CERTIFIED: 61

FACILITY BEDS  
TOTAL: 61  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 09/12/2002

TOTAL: 56  
MEDICARE: 0  
MEDICAID: 51  
OTHER: 5

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 61

18 18/19 19 ICF/MR  
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61

## CURRENT SURVEY REVISIT DATES - 11/19/2002

PRIOR 3 SURVEY 05/1999	S/S CODE	PRIOR 2 SURVEY 07/2000	S/S CODE	PRIOR 1 SURVEY 10/2001	S/S CODE	CURRENT SURVEY 09/12/2002	S/S CODE	PLAN/DATE OF CORRECT
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## PROGRAM REQUIREMENTS

						X C	E	11/11/2002	REQ	F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
						X C	E	11/11/2002	REQ	F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
						X C	B	11/11/2002	REQ	F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	E	11/11/2002	REQ	F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	G	11/11/2002	REQ	F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	C	11/11/2002	REQ	F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
						X C	G	11/11/2002	REQ	F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X C	E	11/11/2002	REQ	F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
						X C	E	11/11/2002	REQ	F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	E	X	E				REQ	F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	D	11/11/2002	REQ	F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
				X	E	X C	E	11/11/2002	REQ	F0444-WASH HANDS WHEN INDICATED
									REQ	F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
						X C	D	11/11/2002	REQ	F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 SURVEY 05/1999	PRIOR 2 SURVEY 05/2000	PRIOR 1 SURVEY 10/2001	CURRENT SURVEY 09/12/2002	PLAN/DATE OF CORRECTION
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## LSC DEFICIENCIES - BLDG NO. 01

	X								K0018-CORRIDOR DOORS
		X							K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
			X C		11/11/2002				K0038-EXIT ACCESS
	X								K0070-SPACE HEATERS
			X C		11/11/2002				K0076-MEDICAL GAS SYSTEM
X			X C		11/11/2002				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	12	2	1	1
HEALTH TOTAL	12	2	1	1
LIFE SAFETY CODE	3	1	2	1
LIFE SAFETY CODE + HEALTH	15	3	3	2

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
10/22/2001	UNSUBSTANTIATED
04/03/2002	SUBSTANTIATED
05/16/2002	SUBSTANTIATED
07/25/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
06/17/1999	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT